Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 06/09/2015 HAL023011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1425 E MARION STREET BROOKDALE SHELBY SHELBY, NC 28150 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 000 C 000 Initial Comments Report of Biennial Construction Survey by Dennis Harrell on 6-9-2015. Records indicate this facility was first licensed or JOH # 8 2815 submitted 6-11-1997, for a capacity of 60. Therefore the facility was surveyed for conformance with the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 North Carolina Building Code for Institutional Unrestrained Occupancies. C 189 Building Equipment Maintained Safe, Operating C 189 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS Maint. Tech will fix holes (a) The building and all fire safety, electrical. mechanical, and plumbing equipment in an adult in the wall, ceiling in the care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing kitchen. facilities with the exception of Paragraph (e) which shall not apply to existing facilities. Maint. Tech will fix holes This Rule is not met as evidenced by: Based on observation the required one-hour 7/10/2015 In ceiling in the Mechanical fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in room 400, ceiling at nurses one-hour fire rated construction, present the possibility that a fire that begins in one space can station, corridor near room quickly spread to other areas of the facility. Findings include: 407. Hole in ceiling of kitchen, b. Holes in wall and ceiling of mop closet off the kitcheh. Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

TITLE

STATE FORM

RW1121

PRINTED: 08/22/2015 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING 06/09/2015 HAL023011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1425 E MARION STREET BROOKDALE SHELBY SHELBY, NC 28150 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 189 Continued From page 1 C 189 Maint. Tech fixed the cross Holes in ceiling of Mechanical room 400, 6/10/2015 d. Hole in ceiling at nurse station, Corridor door on 400 hall. Hole beside sprinkler escutcheon in the ceiling of the corridor near room 407. Based on observation, the cross-corridor doors on the 400 Hall are equipped with latching Maint, Tech will monitor hardware. When the doors were closed by activation of the fire alarm system one door failed this on a monthly basis to latch closed. Cross-corridor doors that do not close completely and latch present the possibility during fire drills to ensure that a fire that begins in one space can quickly spread to the corridor and the remainder of the compliance. facility. Based on Observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This All oxygen cylinders are 06/11/2015 could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. stored in racks. Findings include: Several small portable medical oxygen cylinders Maint, Tech will monitor and one large cylinder were stored in no container or rack. This weekly to ensure all C 124 C 124 Bathrooms-Hand Grips oxygen cylinders are in IV. The Building racks. C. Physical Environment (10 NCAC 42D .1503) The requirements for bathrooms and toilet Maint. Tech will install 07/12/2015 f. Hand grips must be installed at all commodes.

residents.

tubs and showers used by or accessible to

Based on observation, there was no hand grip provided at the shower in the Garden Spa.

This Rule is not met as evidenced by:

an hand grip on the tub

in the spa room

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL023011 06/09/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1425 E MARION STREET BROOKDALE SHELBY SHELBY, NC 28150 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 124 Continued From page 2 C 124 Failure to provide a secure hand grip presents a fall hazard.

Division of Health Service Regulation